No. 300
10.48

FILED DEC 7 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 38576

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 60

930
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osceola
c. LENGTH OF STAY (in this place) 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weaubleau 9 430
d. STREET ADDRESS (If rural, give location) 1

**3. NAME OF DECEASED** (Type or Print)
a. (First) George b. (Middle) W. c. (Last) Thornton

**4. DATE OF DEATH** (Month) (Day) (Year) Nov, 26, 1951

**5. SEX** Male 0
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed 2
**8. DATE OF BIRTH** Sept, 19, 1862
**9. AGE** (In years last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Farming
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country) Benton County Missouri
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** George W. Thornton
**13b. MOTHER'S MAIDEN NAME** Mary M. Barry
**14. NAME OF HUSBAND OR WIFE** Deceased

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Ida Johnson, Osceola Missouri ADDRESS

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of Liver (nature unspecified) — INTERVAL BETWEEN ONSET AND DEATH: 2 mos. ?

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 230X
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 10/28, 1951, *to* 11/26, 1951, *that I last saw the deceased alive on* 11/23, 1951, *and that death occurred at* 5:45 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** R. Mark Todd (Degree or title) DO 2
**23b. ADDRESS** Osceola Missouri
**23c. DATE SIGNED** 11/27/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial 1
**24b. DATE** Nov, 28, 1951
**24c. NAME OF CEMETERY OR CREMATORY** Souder
**24d. LOCATION** (City, town, or county) (State) Weaubleau Mo.

**DATE REC'D BY LOCAL REG.** 11-28-51
**REGISTRAR'S SIGNATURE** Ruth Seevers 2880
**25. FUNERAL DIRECTOR'S SIGNATURE** F B Goodrich ADDRESS Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 6 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 6 1951

APR 1 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Oscoda Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.